

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>H. T.</i>		07-18-01
O.I.P.E. CLASSIFIER			7-24-01
FORMALITY REVIEW	<i>H. T.</i>	913	08/29/01
RESPONSE FORMALITY REVIEW	<i>SH</i>	877	01-15-02

# INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 " ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Date
Final Original	
1	8/17/01
2	✓
3	✓
4	✓
5	✓
6	✓
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12	✓
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If more than 150 claims or 10 actions  
 staple additional sheet here

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